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Workers' Health

The labor movement learned a long time ago that it was impossible to solve any problem which workers face without addressing society's problems. Everything is interconnected with everything else, as ecologists have reminded us in recent years. So it is with workers' health—occupational hazards cannot be viewed apart from other problems of society.

A great deal of activity on matters of job safety and health has begun to take place in the United Auto Workers. Workers' awareness of the hazards they face has increased. Actions to correct these hazards have resulted from new worker rights obtained in the Occupational Safety and Health Act (OSHA) and supplemented by UAW contracts with employers.

Substantial progress is being made, but our efforts in many areas are being stymied. Some of the roadblocks faced by the UAW may be reduced or eliminated this year when new collective bargaining agreements are negotiated. Other problems, however, will remain unsolved until a variety of broader political, social, and economic changes occur.

Still to be addressed are the basic inequities to which Dr. Navarro referred in his article in this issue of the Journal.[1] Working men and women are indeed the majority of the American population, but too often they are overpowered by entrenched financial interests. The fact is that workers have very little input in decision-making on the shop floor. The result too often is that profits still come before workers' health.

Comprehensive legislative programs to deal with occupational health, such as those in Sweden described by Mr. Vicklund in this issue of the Journal,[2] cannot be developed in the near future in the United States until other groundwork has been laid. Sweden already has a system of national health insurance, a program for public national economic planning, and a national commitment to full employment. The U.S. has none of these basic public programs, each of which must be established before workers' health and safety can become a reality.

To be specific, consider first that occupational health cannot be viewed apart from its political background. This nation's commitment to provide a workplace free of all hazards is based on OSHA, which was the culmination of a decade of political effort by labor and the friends of labor.

Likewise, OSHA has been opposed from the outset by political forces. The worst example of this opposition is the use of OSHA as a campaign tool by the Nixon-Ford Administrations, both in 1972 and in the upcoming Presidential election. The Watergate investigations uncovered a 1972 memo from Assistant Secretary of Labor George C. Guenther, then in charge of OSHA, to Under Secretary Lawrence Silberman, suggesting OSHA as a means of raising money and support from industry for President Nixon's election campaign by assuring that no highly controversial new occupational health or safety standards would be proposed.[3]

Since few new standards have been promulgated by OSHA, one is forced to conclude that such campaign promises were made—and kept.

Unfortunately, the story may not yet be over. In March 1976, the *New York Times* reported learning of a recent change in OSHA's schedule for the adoption

of new toxic agent standards so that no action could occur until after the Presidential elections.[4] Nine standards, each vital to occupational health protection, have been delayed. President Gerald Ford has also acknowledged publicly in campaign speeches to businessmen that government efforts to control workplace hazards have been unpopular in industry. It appears that once again the Administration may be playing politics with the health of American workers.

Such schemes are repugnant to all concerned Americans. However, they demonstrate that health professionals cannot ignore the political arena if occupational health is to be taken seriously. Funding for research, training of health professionals, promulgation of standards, worker education, factory inspections, and all other components of a national program to combat job hazards start in the political arena. This, too is a part of professional responsibility.

Illustrative of problems that workers face at the operating level in combating occupational disease is one which arose at a UAW plant several months ago. A new process was introduced which created dust that irritated and burned the eyes, noses, and throats of the workers. Management had not consulted their own health and safety staff or the Union safety and health representatives before introducing the new process. In spite of "safety first" slogans, production came first.

The dust was composed of five or six chemicals on which there had been little research and for which there are no health standards. One of these chemicals was somewhat tenuously linked to blood disorders and stomach cancer; the others were known only as irritants. No one had any idea of what happens when the chemicals are mixed and inhaled simultaneously.

Yet, the chemicals were used without forethought. Fortunately, thanks to the workers who demanded their rights to a healthful job and an alert union health and safety representative, the operation was shut down. After a time, the engineers found a dust-free way to perform the same process, which interestingly enough, was cheaper for the company.

This case demonstrates that to solve such problems, organized workers had to be strong enough to counteract a management decision and to be willing to take action when scientific data were unclear or unknown. Yet, 75 per cent of the workforce does not have the protection of a union.

In a non-union shop, the workers could have called in a government inspector *if* they knew that they had a right to do so and *if* they dared incur the wrath of the employer. If the workers were fortunate, the inspector might have been adequately trained.

But even a well-trained inspector might not have been able to do anything. The inspector would have had to prove the chemicals were found in dangerous concentrations in the air. To do so he would have had to sample the air and take several weeks to complete the laboratory analysis and subsequent report. Since no health standards exist for these particular chemicals, the inspector would have been hamstrung anyway.

If the inspector were conscientious, he could have cited the employer under the general duty clause of OSHA. However, a good company lawyer could probably have beaten the citation, or at least tied the case up for another six months to a year. In the end, it is likely the fine levied would have been less than the cost to the government of fighting the case.

If the inspector were frustrated because of the ambiguities of the law, he might have cited the employer for a number of minor safety violations. Then a pro-business Congressman could have cited such action as ammunition to prove once again that Big Brother is using safety regulations to harass businessmen.

The other side of the coin is a situation where OSHA at its best is conscientiously using strict standards enforced by substantial fines. In this example, OSHA is making a serious attempt to eliminate lead poisoning in a battery manufacturing plant whose workers are represented by the UAW.

Here, the company claims they might be forced to close the plant if required to meet OSHA standards. The workers, living in an area of high unemployment, are trapped and subjected to a modern version of the highwayman's threat: "Your jobs or your life."

This case raises several issues. First, the company might be bluffing. But this cannot readily be determined since the workers (as well as the consumers) have little access to company financial records and have absolutely no legal input into company decisions about when and where to operate.

Secondly, if the company were actually forced to close, the lack of meaningful employment legislation is likely to persuade the workers to side with the company to oppose OSHA. Lack of jobs coupled with inadequate and limited unemployment benefits, loss of employer paid health insurance, and the rest of the insecurities which accompany unemployment could well bring about such a decision.

This is a common dilemma. Meaningful progress in occupational health protection will continue to be circumscribed until the threat of continuing unemployment is removed from workers' minds. In other words, in order to have a safe job, you need a job first.

Yet, a decision still needs to be made concerning this battery plant. If the company cannot afford to control the hazard, should the standards not be enforced? Are the lives of workers in a marginal company any less important than those in a highly profitable company? These are value judgments not only for workers and health professionals, but for the society as a whole.

Jobs in a healthy environment must be provided. Perhaps the plant should be closed and other work provided. Or perhaps public money or a tax abatement plan should be used to pay for the needed ventilation equipment. In either case, the decision presumes some broader economic program to determine what industries should be supported. This problem has been avoided too long in our country. We need to come to grips with national economic planning before occupational health problems can be dealt with in a fully satisfactory manner.

Another aspect of workers' health is the type and quality of medical care delivered at the workplace. A case in point involved another lead battery plant at which the personnel director reviews all medical reports. In the case of one UAW

member whose physician reported that his medical problems were related to his exposure to lead in the workplace, the personnel director altered the report to read that the disorder was *not* related to lead.

Other workers at this plant were treated with chelating agents on a regular outpatient basis by the company's doctor. In spite of the known dangers of chelation, workers were routinely given injections of the drugs, then sent back to work. No serious attempt was made to reduce the exposure to lead. The workers' health was impaired not only from the lead but probably also from the drugs.

Because of such dismal affairs, most company doctors and the system they represent are regarded with little esteem and are not trusted by workers. There are, of course, a number of committed and objective physicians in American industry; in more instances than not, they and the workers they treat consider themselves to be representatives of management.

An alternative must be found to the present company doctor system. The workplace should be used more extensively as a focal point for providing health services, not only for job-related diseases, but for preventive health services, health education, and indeed all health problems. More importantly, the providers of these services should be made responsible to the employees and their representatives.

Any alternative, however, depends on other fundamental changes in the organization and financing of personal health services such as are being proposed through a Health Security type of comprehensive national health insurance. The provision of adequate work-related personal health services will continue to be exceedingly difficult until they are integrated into broad-scale health service available to all Americans.

The absence of a national health policy in the United States is often cited as a major factor in the uncoordinated, costly, and frequently ineffective way in which health programs have developed. This is particularly apparent in occupational health. It is rarely seen as an integral part of personal or public health services. Until health professionals, workers' representatives, and concerned citizens are able to impact on the priorities set by politicians we will continue to have a situation such as that described by the two 1975 Nobel Prize Laureates in Medicine, Drs. Temin and Baltimore. Commenting on the limitations of basic medical-scientific research in seeking cures to cancer, they pointed out that three-fourths or more of all cancer is preventable through changes in life style, and the environment, including the workplace.

In contrast to the situation in the United States, Canada has a system of national health insurance which provides for coverage of basic personal health services, and a policy and program to deal with health hazards. It is noteworthy that the Canadian Minister of Health has announced that the reduction of hazards to health in places of employment is one of the two top priorities in the next stages of that country's health programs.

A broad view must be taken in order to evaluate and control occupational health problems. Political, social, and economic changes must be made to deal effectively and comprehensively with workplace hazards. For this reason, it is important to study the progress which Sweden is making and to understand the serious issues which Dr. Navarro has raised. They challenge our understanding, our commitment, and the values our society currently places on the health and well-being of large numbers of its members.

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Lead Poisoning in Industry, 1976

This issue of the Journal grimly details the findings of the Center for Disease Control, Atlanta, in its evaluation of occupational lead poisoning and environmental contamination at a southeastern Alabama lead scrap smelter.[1] It is an alarming story, especially in view of man's use of and exposure to lead since biblical times.

While there was recognition, even in early times, of the health hazards associated with the use of lead, either as a metal or in its various compounds,[2] it seems glaringly apparent that there has been a lack of appreciation of, or a disregard for the potential hazards associated with lead use. Even though we now possess a substantial body of knowledge concerning the effects of lead on humans, many users fail to properly respect this toxic material.

We know that lead can enter the body by inhalation and ingestion, to be absorbed into the blood. By the early years of this century, studies had revealed that the absorption of excessive quantities of lead could cause diseases of the kidneys and of the peripheral and central nervous systems. We know that the quantitative rate of deposition and retention of